

PLANNED PARENTHOOD IN INDIA

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IT will soon be three years since the International Congress on Population and World Resources in Relation to the Family met at Cheltenham. During that time a great deal has been said and written on the problem of growing pressure of population on food and other resources. The Colombo Plan stresses the formidable task of raising standards of living in South and South-East Asia while trying to keep pace with growing populations; Japan has been told that if her population reaches 100 million or more, it will be impossible to maintain even a bare subsistence diet without foreign aid being continued indefinitely. In the West Indies the chairman of the Development and Welfare Organisation has drawn attention, in his report for 1947-1949, to the serious economic implications of the excessive rate of population growth in that region.

Despite these and other warnings, Governments have so far failed to initiate positive population policies in relation to the resources of their respective areas. Dissemination of family planning knowledge is still in the hands of voluntary organizations, inadequately supported and ill-equipped for tackling this problem on a large scale.

The need for an international organization to bring together all organizations and individuals concerned with population problems and family planning in each country, for the promotion of a world population programme, is becoming increasingly obvious. To prepare for this, the Cheltenham Congress set up a small committee of representatives of the national organizations of America, Britain, Holland and Sweden, and the title of "International Committee on Planned Parenthood" has been provisionally adopted.

The main task of the secretariat has been to establish contact with planned parenthood movements in other countries and to clarify the legal and practical difficulties which

impede the introduction of family planning and sex education programmes. We are now in touch with organizations or individuals in forty-eight countries and there is a fairly regular exchange of news and information. Much of this information is of general interest, and the invitation to make it known to readers of the *EUGENICS REVIEW* is welcomed.

In the months ahead the International Committee hopes that pressure will be put on the British Government not only to implement the recommendations of the Royal Commission on Population but to make the dissemination of family planning knowledge an integral part of the Colonial Medical Services. We hope to encourage fresh ideas and proposals for tackling some of the difficult and almost insurmountable problems with which voluntary workers are faced, and to stimulate research for a simple method of contraception suitable for backward peoples.

There is special need for this in India where the population is increasing at the rate of nearly five million a year, and where the already inadequate food resources have recently been depleted by a series of natural calamities. As the plight of Indian women has been recognized in recent years by Indian sociologists and demographers, India is perhaps a good starting-point. What are the difficulties in the way of a family planning scheme?

Dr. S. Chandrasekhar says:

Apart from the general rural conservatism of the masses that offers resistance to every reform, there is no organized resistance either by the Government or the Church as in some countries. Nor are the Indian religions opposed to planned parenthood. . . . It should be recognized that both in India and in Pakistan a majority of the people live under backward conditions. Matters like bathrooms, running water, privacy, the cheapness, reliability and availability of contra-

ceptives, and the illiteracy of women need attention. No matter what the obstacles, this reform must be carried through.

Before India obtained her Independence these problems had been considered by two Government committees: by the Health Survey and Development Committee (the Bhore Committee), which reported in 1946, and by the National Planning Commission set up by the Indian National Congress during the war. The Bhore Committee recommended that "when childbearing is likely to result in injury to mother or infant . . . it should be the responsibility of Governments to provide instruction regarding contraception in maternity and child welfare centres, dispensaries, hospitals and any other public institutions which administer medical aid to women." It also recommended that the means of contraception be made available free of cost in necessitous cases; that control be exercised over the manufacture and sale of contraceptives, and that public funds be used for research into more effective methods.

The National Planning Commission, of which Pandit Nehru was chairman, advised the State to adopt a policy to encourage family planning and limitation of children. The measures outlined included sterilization of persons suffering from transmissible diseases of a serious nature.

Since Independence, no action has been taken to implement the recommendations of either of these committees, despite the fact that the chairman of one of them is now the Prime Minister. This omission may be explained by the fact that there are other Ministers, both in the Union and in the States, who are opposed to birth control. The Minister of Health, for example, has not spoken in favour of it.

The Indian Director-General of Health Services went very fully into the question of family planning when he was here in 1949 with a view to bringing this matter before the provincial and union Governments, who are ultimately responsible for health matters in their areas. But after two years we are officially informed that the matter is still under consideration.

Other departments and Governments of India have fortunately not waited for a lead from Delhi. The films division of the Ministry of Information has produced a documentary entitled *Planned Parenthood*. This film explains that by limiting the size of families, a better chance, in education and in life, can be given to India's children. Family planning lectures have become a part of military training in the Army and Air Force. An experimental scheme of clinics is being tried out at certain selected stations in the Army, and the Air Force is to give advice in all its maternity and child welfare sections.

Hyderabad State Government has set up a Bureau of Health Education and Propaganda, and a Health Museum, which will include propaganda for family planning. A Family Planning Society has been formed by Mrs. Vellodi, the Governor's wife, and a clinic has been opened at the Central Military Hospital. In East Punjab, training in contraceptive techniques has now been made part of the medical curriculum, and the Director of Health Services is in touch with us here. In Mysore, birth-control clinics were established at State hospitals as long ago as 1930, when they were the first Government-controlled clinics in the world.

In Madras, where several attempts were made before the war to start clinics, the All India Women's Conference has formed a Family Planning Committee to stimulate public interest.

Free birth-control clinics have been established by the municipalities of Bombay and Poona. Bombay Municipality was the first to take action, opening two clinics in 1947; there are now four. Poona has one clinic.

It is estimated that about 3,000 married couples have so far used these facilities in Bombay, which, for a city of that size, is not an encouraging response. A need is revealed for propaganda on the part of doctors, nurses, health visitors and other social workers, to persuade the poorer sections of the benefits of family planning. Bombay has been fortunate in having a long record of voluntary help, and the newly formed Family Planning Association, under the presidency

of Lady Rama Rau, is doing valuable work in making direct contact with the people and in gaining the co-operation of the medical profession. But few doctors and social workers have as yet taken this matter up ; more financial help and many more voluntary workers will be needed.

Elsewhere in India, a number of hospitals, dispensaries and maternity and child welfare centres give advice to patients, but the responsibility for doing so usually rests with the doctor or other person in charge. Facilities therefore vary between one centre and another in the same area. Some private maternity homes and doctors in practice are also willing to help patients, but their work does not reach the cases that most need it.

In the past the movement has found its most vigorous advocates among voluntary workers, and over the years many distinguished Indian women have devoted themselves to it. The All India Women's Conference repeatedly passed resolutions in favour of disseminating birth-control knowledge and, in 1935, Mrs. Margaret Sanger was

invited to the tenth annual meeting at Travancore. For three years in succession Mrs. Edith How-Martyn, Honorary Director of the Birth Control International Information Centre, visited India, and in 1935 she accompanied Mrs. Sanger on a world tour. Between them they covered thousands of miles in India, giving many lectures and demonstrations. This work was continued by the Family Planning Association (Great Britain), who appointed Mrs. Rena Datta India Organiser in 1938. Mrs. Datta returned to this country in 1945.

It is now for India to decide how her population problems shall be solved ; last year the Indian Institute of Population Studies was founded by Dr. S. Chandrasekhar, to study the basic relation between population and natural resources. Much of the hesitancy of Government officials and members of the medical profession is due to the absence of simple, effective and cheap methods, in the discovery of which India would doubtless be glad of help from the West.